

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC

ADDRESS (number and street)

1900 M Street NW☒(Check if address
is changed)**Suite 300****Washington****DC****20036**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-521-1577

2. DATE

08**15****2007**

3. FEC IDENTIFICATION NUMBER

C C00408260

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Barbara Wiley Cosgriff

Signature of Treasurer

Electronically Filed by

Barbara Wiley Cosgriff

Date

08**16****2007**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Allison Moran**

Mailing Address **1901 S. Meyers Road**

Suite 455

Oakbrook Terrace **IL** **60181** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assitant Treasurer Telephone number **630** - **873** - **2542**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Barbara Wiley Cosgriff**

Mailing Address **Grant Thornton LLP**

1900 M Street NW, Suite 300

Washington **DC** **20036** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Natl Mnngn Principal Telephone number **202** - **861** - **4150**

Full Name of Designated Agent **Allison Moran**

Mailing Address **1901 S. Meyers Road**

Suite 455

Oakbrook Terrace **IL** **60181** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assistant Treasurer Telephone number **630** - **873** - **2542**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	National City		
Mailing Address	One North Franklin		
	Suite 100		
	Chicago	IL	60606 -
	CITY ▲	STATE ▲	ZIP CODE ▲

Image# 27931626244

Form/Schedule: **F1A** Amended Statement of Organization Updated for Treasurer

Transaction ID:
